Approved for use through 1/1/17006 CMB 041-0032 U.S. Poleri and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperson Reduction Act of 1995, no periods are required to respond to a collection of information unless I displaye a valid CMB control tember. PATENT APPLICATION FEE DETERMINATION RECORD Youtahous about of the Substitute for Form PTO-875. Effective December 8, 2004 APPLICATION AS FILED - PARTI. OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR HUMBER FILED HUMBER EXTRA RATE (\$1 BASIC FEE FEE AL RATE (4) FEE(\$) (37 CFR 1 16(4) (N) & (c)) N/A HVA 150.00 NIA 300.00 SEARCHFEE 137 CFR 1 16(W. H. or [m]) NVA NIA NA \$250 NIA EXAMINATION FEE \$600 (37 CFR 1 1610). (p). or (a)) NA N/A AUA \$100 NA TOTAL CLAIMS \$200 (37.CFR 1 16(0) X\$ 25 MUNUS 20 . X\$50 ÓŘ INDEPENDENT CLAIMS (37 CFR 1 16(N)) X100 £ minim X200 If the specification and drawings exceed 100 APPLICATION SIZE shaels of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See FEE (37 CFR 116(4)) 35 U.S.C. 41(8)(1)(G) and 37 CFR 1:16(s) MULTIPLE DEPENDENT CLAIM PRESENT DI CFR I 1641 +180= +360× • If the difference in column 1 is less than 2010, and at "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 2) (Column 1) (Column 3): OR SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT RATE (1) AFTER AMENOMEN ADDI-RATE (\$) PREVIOUSLY EXTRA ADQ(ENDMENT TIONAL TIONAL FEE (1) PAID FOR FEE (1) ficen Lieur Minus X\$ 25 X\$50 hopendent . OR Minus X100 X200 ØR. Application Size Fée (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM **+180**= +360= OR TOTAL TOTAL ADO'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING. 8 PRESENT NUMBER RATE (\$) ADDI-TIONAL AFTER. RATE (\$) PREVIOUSLY ADOI-**EXTRA** MENOMENT TIONAL PAID FOR FEE (\$) Total: CATOFALLICAT FEE (1) Minus MONI X\$ 25 X\$50 OR thoipendent . Minue X100 X200 OR Application 8 to F40 (37 CFR 1.16(8)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFA 1.16@) +180a 4360a OR TOTAL ' TOTAL the entry in column 1 is less than the entry in column 2, write "I' in column 3.

If the Alighest Number Previously Paid For IN THE SPACE is less than 20, enter "20".

If the Alighest Number Previously Paid For IN THE SPACE is less than 3, enter "20".

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